

Fee: \$317.75/year

Check payable to
City of Concord

PERMIT NO. _____

City of Concord
Health Services Division
37 Green Street
Concord, New Hampshire 03301

APPLICATION TO OPERATE AN AMUSEMENT CENTER

Name of Applicant _____ Phone _____

Address _____

Owner's Name _____ Phone _____

Owner's Address _____

Manager's Name _____ Phone _____

Manager's Address _____

If a firm, corporation, partnership or association, please list names and addresses of principal officers:

A "Management Plan" must be submitted along with this application which sets forth the following:

1. Actual hours of operation;
2. Minimum number of employees on duty at any time and minimum age and qualifications of employees;
3. Maximum number of persons permitted on premises, which number shall not exceed the limits established by the Fire Prevention Code;
4. Plan designed to avoid nuisance and insure compliance with City Ordinance;
5. Rules for governing the presence of minors accompanied by an adult;
6. Rules and regulations to be posted on the premises governing the operation of the center and conduct of its patrons. These rules should include, but not be limited to such matters as dress codes, consumption or possession of alcoholic beverages or controlled drugs, loitering, presence of minors during school and evening hours, and maximum occupancy.

ALL LICENSES EXPIRE ON APRIL 30

Applicant's Signature _____ Date _____

APPROVED _____ Date _____

Licensing Officer